

FIG 1

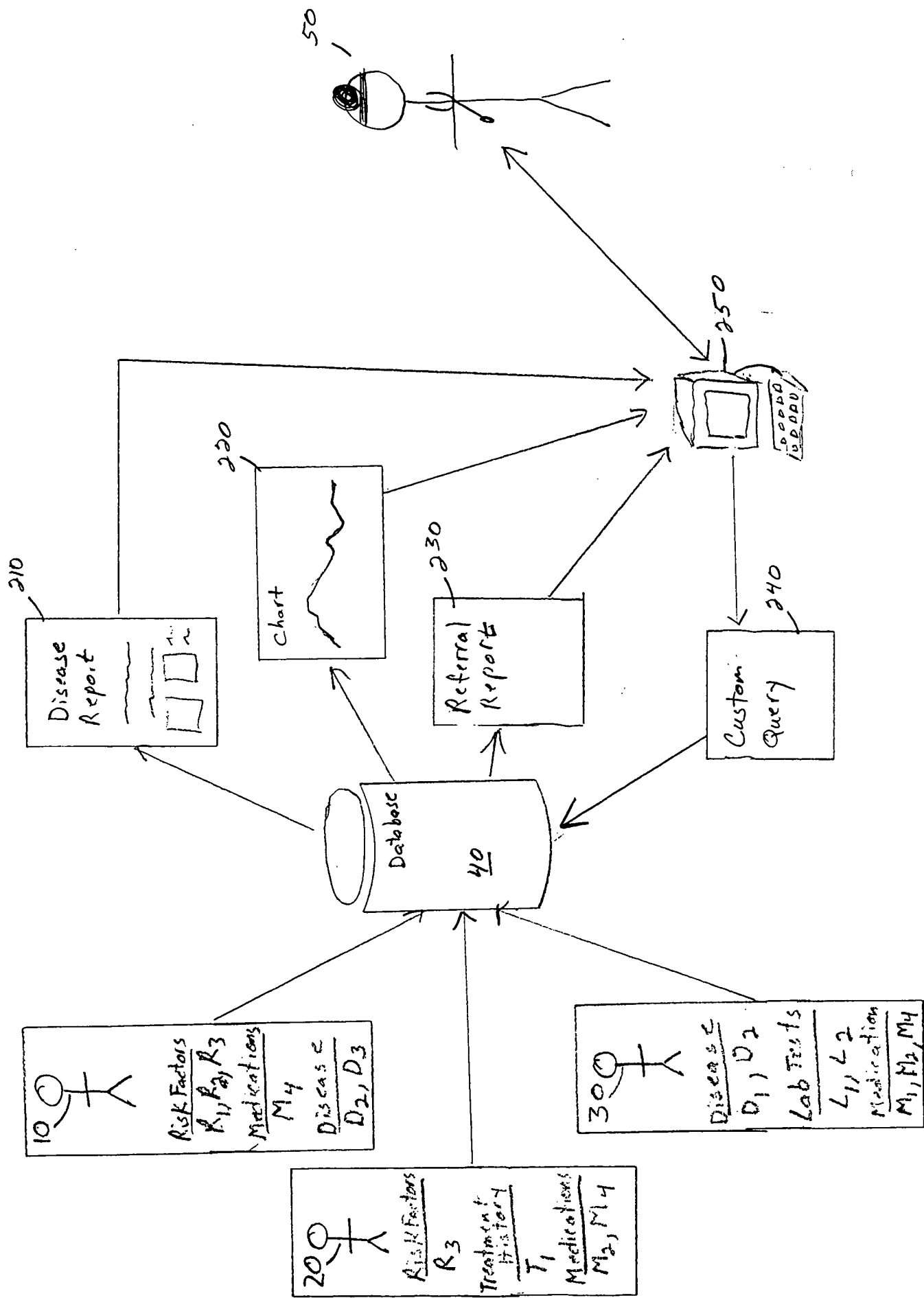


FIG 2

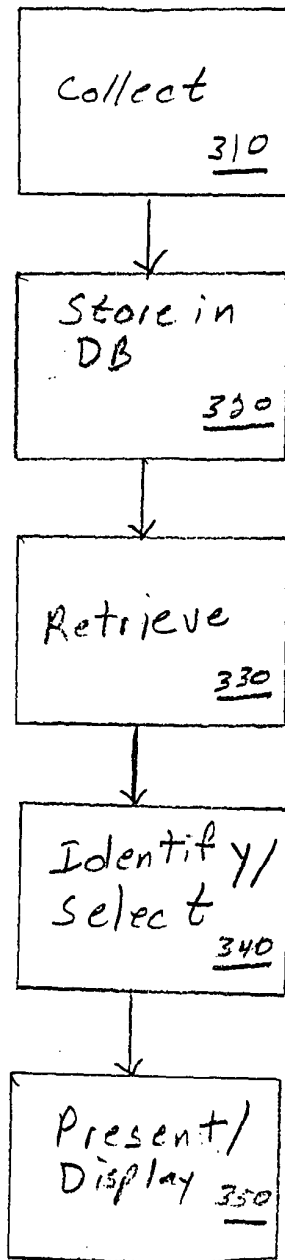


FIG. 3.

Initial Visit

400
S

Patient Electronic Care System - Encounter - Encounter Documents

Encounter Note

Oak Health Center

Vitals	Last Visit	This Visit	012345	Griffen	Henery
Date mm/dd/yy	01/01/02		P	70	03/17/32
Weight			123 Main Street	Placerville	CA
Height			Loveface	English	
Pulse			European	White	Medicaid + Medicare
Resp Rate				Not Homeless	Not Migrant
BMI			OAK		
Temp					
Systolic BP					
Diastolic BP					

Chronic Conditions

Medications

Laboratory Test Results

Other Diagnostic Tests

Vaccinations and Immunizations

Risk Factors

Other Measures

Referrals and Education

Other Notes

Chart # 012345 Henery, P Griffen Page 1 of 1 Date Printed: 7/8/02

Help << First < Previous 1 of 1 75 Next > Last >> Close Preview

Back Creating encounter notes for 012345

FIG 4

Diagnosis of Diabetes

500
S

Encounter Note **Oak Health Center**

Chart # 012345 Patient P Griffin Henry

Date mm/dd/yy 02/01/02 Last Visit This Visit

Weight 146.0

Height 5 4.0"

Pulse

Resp Rate

BMI 24.9

Temp 98.6

Systolic BP 120

Diastolic BP 85

Address 123 Main Street Placerville CA

Phone 530 333-XXXX

DOB 03/17/32

Gender Male

Ethnicity European Race White Insurance Medicaid + Medicare

Homeless Not Homeless Migrant Not Migrant

Risk Factors

Family History Date D/C

FHxDM

Behaviors C P N

SM BG

Smoking

C=Current; P=past; N=never

Other Measures

Test Value Date Pref Ref

Exercise wk

Foot Index

Referrals and Education

Refer/Educate Date Pref Ref Dec

Foot Exam

Hospital

SM Goal Set

Dental Exam

Smoke Cess

Ret Exam

Nutrit Edu

DM Edu

Other Notes

Meter Type:

Encount Note:

Medications

Class Name Date D/C

Other Medications to Consider Cont Add

OtherLipidMe Class

Statins Class

Other BP Med Class

ARB Class

Antiplate/coag ASA

ACE Inhibitor Class

Insulin Class

Laboratory Test Results

Test Value Date Pref Ref

ALT

Creat Clear

MiAI/Cr

Triglyc

HDL

LDL

Chol

HbA1c

Other Diagnostic Tests

Test Result Date Pref Ref

CardioStress

EKG

Vaccinations and Immunizations

Vac/Imm Date Pref Ref Dec

Flu Vac

Pneumovax #

Chart # 012345 Henry, P Griffin Page 1 of 1 Date Printed: 7/8/02

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Back Creating encounter note for 012345

420

532

534

536

537

538

533

535

539

531

410

440

FIG 5

600
5

FIG 6

Diagnosis of Major Depression

700

Patient Electronic Care System - Encounter - Encounter Documents

Encounter Note **Oak Health Center**

Chart # 012345 Patient P Griffin Date 03/17/02 Male

Address 123 Main Street Placerville CA

Phone Lovelace English Medicaid + Medicare

European White Not Homeless Not Migrant

OAK

Vitals Last Visit This Visit

Date mm/dd/yy 05/01/02

Weight 155.0

Height 6 4.0"

Pulse

Resp Rate

BMI 28.8

Temp 98.8

Systolic BP 125

Diastolic BP 87

Chronic Conditions

Diagnosed Conditions Dx Date D/C

Major Depression Recur 07/08/02

Coronary Artery Disease 03/01/02

Diabetes Type 1 02/01/02

Potential Chronic Diseases Add

Depression

Retinopathy

Post-MI

P Vasc Dis

Neuropathy

Nephropathy

Hypertension

Dyslipidemia

DM Type 2

CHF

CerebroVascDz

Laboratory Test Results

Test	Value	Date	Pref	Ref
Potassium	6	05/01/02		
Creat Clear	120	05/01/02		
Triglyc	47	05/01/02		
HDL	87	05/01/02		
LDL	108	05/01/02		
HbA1c	13	05/01/02		
ALT				
TSH				
MIAUCr				
Chol				

Other Diagnostic Tests

Test	Result	Date	Pref	Ref
CardiacCat	2VslCA	05/03/02		
CardioStress	Negative	05/03/02		
EKG	RBB	05/03/02		
Echo				
Revasc				

Referrals and Education

Refer/Educate	Date	Pref	Ref	Dec
CSD FU				
PostMI Rehab				
Depression Sc				
Foot Exam				
CVD Educ				
Hospital				
SM Goal Set				
Dental Exam				
Ment Health				
Smoke Cess				
Ret Exam				
Nutrit Edu				
DM Edu				

Other Notes

Meter Type: Dionetix M54

Encounter Note: Highly motivated

CSD FU Desc.

SM Goal Desc.

Vaccinations and Immunizations

Vac/Imm	Date	Pref	Ref	Dec
Flu Vac	03/03/02			
Pneumovax #				

Risk Factors

Family History	Date	D/C
FHxDM	03/01/02	
FHxDepres	05/01/02	
FHxCHD		
Physical Abuse		
Hist. Trauma		
Behaviors		
Daily Weighing	current	
SM BG	unknown	
Smoking	past	

C=current; P=past; N=never

Other Measures

Test	Value	Date	Pref	Ref
Exercise wk	3	03/01/02		
Foot Index	2	03/03/02		
PHQ Index	17	05/01/02		
LVEF				
NYHA Class				
PHQ Current				

Medications

Class	Name	Date	D/C
Anti-Depressant	Class	07/08/02	
Insulin	Class	05/01/02	

Other Medications to Consider

Class	Name	Date	D/C
OtherLipidMe	Class		
Statins	Class		
Mood Stabiliz	Class		
Tricyclics	Class		
SSRIs	Class		
Nitrates	Class		
Other BP Med	Class		
Calc Chan Bl	Class		
Diuretic	Class		
Beta Blocker	Class		
ARB	Class		
Antiplatelet/ASA	Class		
Lipid Lower	Class		
ACE Inhibitor	Class		

Chart # 012345 Henery, P Griffin Page 1 of 1 Date Printed: 7/8/02

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Back

Creating encounter note for 012345

702 →

532

704 →

537

533

539

← 712

← 714

← 716

FIG 7

Diagnosis of Asthma

800
5

Encounter Note **Oak Health Center**

Chart # 012345 Patient Name: Griffen, Henry Date: 03/17/02

Address: 123 Main Street, Placerville, CA 95354
 Race: European Ethnicity: White Insurance: Medicaid + Medicare
 Homeless: Not Homeless Migrant: Not Migrant

Vitals
 Last Visit: 05/04/02 This Visit:
 Date mm/dd/yy: 05/04/02
 Weight: 154.0
 Height: 5 4.0"
 Pulse:
 Resp Rate:
 BMI: 28.4
 Temp: 98.8
 Systolic BP: 120
 Diastolic BP: 84
 Office PEFR:
 Pulse Ox:

Chronic Conditions
 Diagnosed Conditions: Dx Date: D/C:
 Major Depression Recur: 07/08/02
 Asthma: 08/04/02
 Coronary Artery Disease: 03/01/02
 Diabetes Type 1: 02/01/02
 Potential Chronic Diseases:
 Depression:
 Retinopathy:
 Post-MI:
 P Vasc Dis:
 Neuropathy:
 Nephropathy:
 Hypertension:
 Dyslipidemia:
 DM Type 2:
 CHF:
 CerebroVascDz:

Laboratory Test Results
 Test Value Date Pref Ref
 Potassium: 5 05/01/02
 Creat Clear: 120 05/01/02
 Triglyc: 47 05/01/02
 HDL: 87 05/01/02
 LDL: 108 05/01/02
 HbA1c: 13 05/01/02
 ALT:
 TSH:
 MiA/Cr:
 Chol:

Other Measures
 Test Value Date Pref Ref
 Exercise wk: 3 03/01/02
 Foot Index: 2 03/03/02
 Lost Days (3): 7 08/04/02
 PHQ Curren: 14 08/04/02
 PHQ Index: 17 05/01/02
 SympFreeD: 4 08/04/02
 Exacerbts/wk:
 Best PEFR:
 ED Visits:
 FEV1/FVC:
 LVEF:
 NYHA Class:
 Pred PEFR:

Other Diagnostic Tests
 Test Result Date Pref Ref
 CardiacCat: 2VslCA 05/03/02
 CardioStss: Negativ 05/03/02
 EKG: RBB 05/03/02
 AllergySkin:
 Asthma Bas:
 Asthma Cur:
 Echo:
 Revaso:

Referrals and Education
 Referral/Educ: Date Pref Ref Dec
 Spirometry:
 CSD FU:
 AsthmaPlan:
 AsthAcuteEdu:
 PostMIRehab:
 SubAbuseScr:
 Depression Sc:
 Foot Exam:
 CVD Educ:
 Hospital:
 SM Goal Set:
 Dental Exam:
 Ment Health:
 Smoke Cess:
 Ret Exam:
 Nutrit Edu:
 DM Edu:

Vaccinations and Immunizations
 Vac/Imm Date Pref Ref Dec
 Flu Vac: 03/03/02
 Pneumovax #:

Risk Factors
 Family History: Date D/C:
 FxDM: 03/01/02
 FxDepres: 05/01/02
 FxCHD:
 Physical Abuse:
 Hist. Trauma:
 Behaviors:
 Daily Weighing: current
 EnvironTriggers: unknown
 SM BG: unknown
 Smoke Household: never
 Smoking: past
 C=current; P=past; N=never

Other Notes
 Meter Type: Dyonetix M54
 Encount Note: Highly motivated
 CSD FU Desc:
 SM Goal Desc:
 Written Act PI:

Medications
 Class Name Date D/C:
 Anti-Depress: Class 07/08/02
 Insulin: Class 05/01/02
 Other Medications to Consider: Cont Add:
 OtherLipidMe: Class
 Statins: Class
 Mood Stabiliz: Class
 Tricyclics: Class
 SSRIs: Class
 Nasal Steroids: Class
 Beta-Agonists: Class
 ICS: Class
 Oral Steroids: Class
 Bronchodilato: Class
 Nitrates: Class
 Other BP Med: Class
 Calc Chan BI: Class
 Diuretic: Class
 Beta Blocker: Class
 ARB: Class
 Antiplat/coag ASA:
 Lipid Lower: Class
 ACE Inhibitor: Class

Chart # 012345 Henry, P Griffen Page 1 of 1 Date Printed: 7/8/02

Help <<< First < Previous 1 of 1 75 > Next >>> Close Preview

Back Creating encounter note for 012345

L533

FIG 8

5900

Example Run Charts

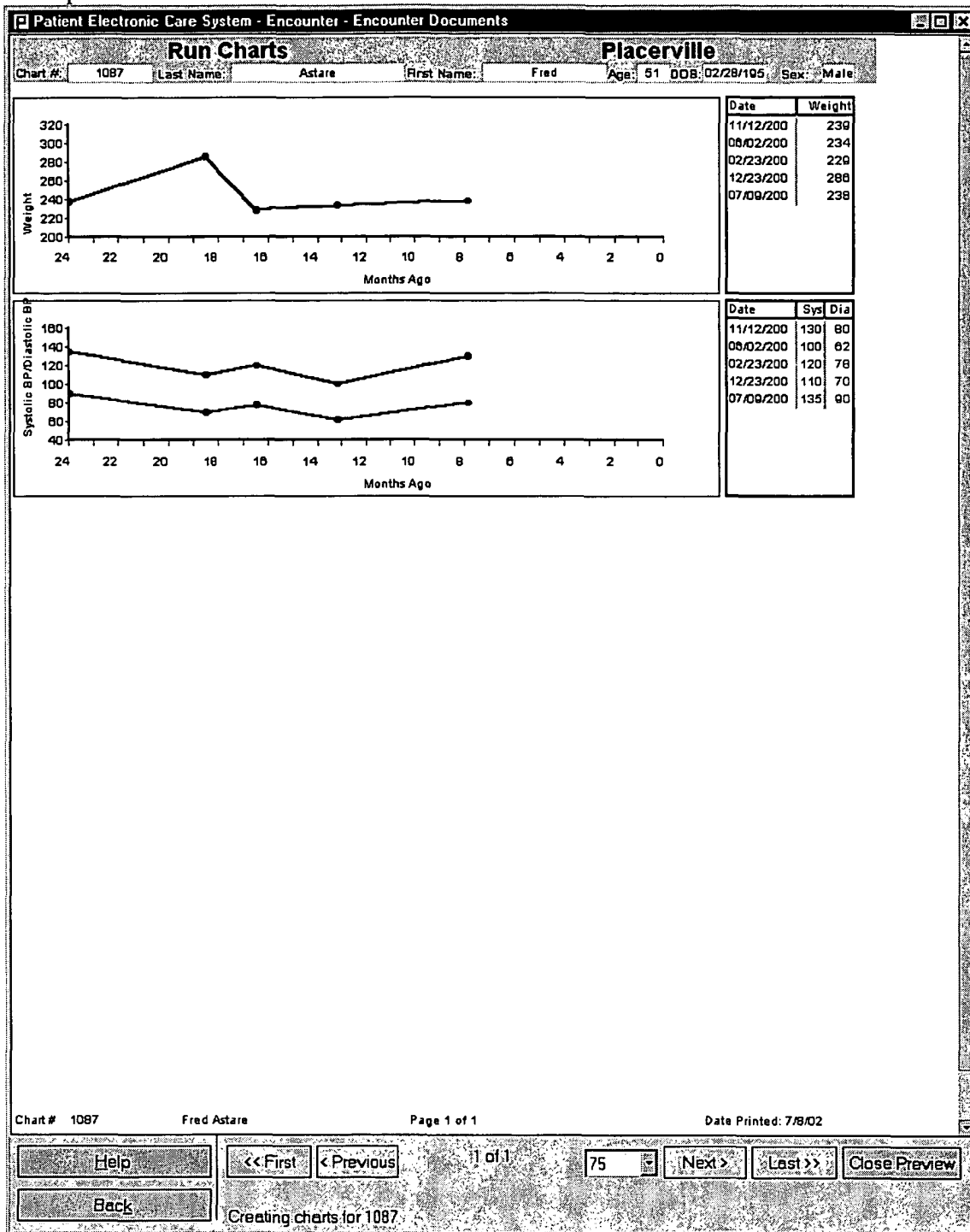


FIG 9

Pick List				iif(len(@encounterclinic)>0,@encount rc				
Chart #:	[medical_recor	Last Nam :	[last_name]	First Name:	[firstname]	Age: @ag	DOB: [date_of_bi	S x: [sex]

Add Demographics

- ☐ Ag
- ☐ Behavioral Health Pr vider
- ☐ Benefit Coverage Dental
- ☐ Case Manager
- ☐ Chart Number
- ☐ City
- ☐ Date of Birth
- ☐ Emergency Contact
- ☐ Emergency Contact Phone
- ☐ First Name
- ☐ Homeless
- ☐ Insurance
- ☐ Insurance Type
- ☐ Language Spoken
- ☐ Last Name
- ☐ Middle Initial or Name
- ☐ Migrant
- ☐ Phone Number
- ☐ Phone Number 2
- ☐ Primary Provider
- ☐ Race
- ☐ Refugee Status
- ☐ School/Day Care Name
- ☐ School/Day Care Phone
- ☐ Sex
- ☐ State
- ☐ Str et Address One
- ☐ Street Address Two
- ☐ Zip Code

Add Vitals

- ☐ Body Mass Index
- ☐ Diastolic Blood Pressure
- ☐ Height
- ☐ Office peak flow
- ☐ Pulse
- ☐ Respiratory Rate
- ☐ Systolic Blood Pressure
- ☐ Temperature
- ☐ Weight

1000

Problem List

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Acute-MI | <input type="checkbox"/> Allergic Rhinitis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Asthma Exacerbation |
| <input type="checkbox"/> Bipolar | <input type="checkbox"/> Bronchopulmonary dysplasia | <input type="checkbox"/> Cerebrovascular Disease | <input type="checkbox"/> Chronic (Dysthymia) |
| <input type="checkbox"/> Chronic Obstructive Pulmona | <input type="checkbox"/> Chronic Peridontitis | <input type="checkbox"/> Chronic Renal Insufficiency | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Diabetes Type 1 | <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> Diabetes Gestational |
| <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Eczema | <input type="checkbox"/> GERD | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> HIV | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Major Depression Recurrent | <input type="checkbox"/> Major Depression Single Epis | <input type="checkbox"/> Minor depression |
| <input type="checkbox"/> Nasal Polyps | <input type="checkbox"/> Nephropathy | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Post-MI | <input type="checkbox"/> Reflux | <input type="checkbox"/> Retinopathy |
| <input type="checkbox"/> Sinusitis Acute | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Urticaria | <input type="checkbox"/> Viral Infection |
| <input type="checkbox"/> Weight Gain | | | |

FIG 10

Pick List										iif(len(@ ncount rclinic)>0,@encounter)									
Chart #:	[medical_recor	Last Nam :	[last_name]	First Name:	[firstname]	Ag :	@ag	DOB:	[date_of_bi	S x:	[sex]								

	Class	Name	Dose	Frequency	Quantity	Refills	Provider
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Add	Lab Test	Add	Other Diag Tests	Add	Vaccinations	Add	Other Measures	Add	Ref and Ed
<input type="checkbox"/>	24hrUP	<input type="checkbox"/>	Allergy Skin Test	<input type="checkbox"/>	Flu Vaccine	<input type="checkbox"/>	Ankle/Brachial Index	<input type="checkbox"/>	Adherence Counselin
<input type="checkbox"/>	ALT	<input type="checkbox"/>	Asthma Current Asses	<input type="checkbox"/>	Hepatitis A Vaccine #1	<input type="checkbox"/>	Asthma Exacerbations	<input type="checkbox"/>	Allergy Consult
<input type="checkbox"/>	AST	<input type="checkbox"/>	Asthma Initial Assess	<input type="checkbox"/>	Hepatitis A Vaccine #2	<input type="checkbox"/>	Average Home PEFR	<input type="checkbox"/>	Asthma Action Plan
<input type="checkbox"/>	CD4	<input type="checkbox"/>	Bronchoscopy	<input type="checkbox"/>	Hepatitis B Vaccine #1	<input type="checkbox"/>	Best PEFR	<input type="checkbox"/>	Asthma ED or Urgent
<input type="checkbox"/>	Chol	<input type="checkbox"/>	Cardiac Catheter	<input type="checkbox"/>	Hepatitis B Vaccine #2	<input type="checkbox"/>	CAGE	<input type="checkbox"/>	Asthma Education
<input type="checkbox"/>	Creatinine	<input type="checkbox"/>	Chest X-ray	<input type="checkbox"/>	Hepatitis B Vaccine #3	<input type="checkbox"/>	ED Visits in 3 Months	<input type="checkbox"/>	Asthma Education Fa
<input type="checkbox"/>	Creatinine Clearance	<input type="checkbox"/>	Cystic Fibrosis Scree	<input type="checkbox"/>	MeasleMumpRubella	<input type="checkbox"/>	Foot Risk Index	<input type="checkbox"/>	Asthma Severity Asse
<input type="checkbox"/>	Fasting Glucose	<input type="checkbox"/>	Echocardiogram	<input type="checkbox"/>	Pneumococal Vaccine	<input type="checkbox"/>	Left Vent Ejection Fra	<input type="checkbox"/>	Case Manage
<input type="checkbox"/>	HDL	<input type="checkbox"/>	Electrocardiogram			<input type="checkbox"/>	Medication Adherence	<input type="checkbox"/>	Coverage Assistance
<input type="checkbox"/>	Hemoglobin A1c	<input type="checkbox"/>	Exercise Stress Test			<input type="checkbox"/>	Missed Days (last 30 c	<input type="checkbox"/>	Crisis Triage
<input type="checkbox"/>	IgE Level	<input type="checkbox"/>	Methacholine Challen			<input type="checkbox"/>	Number of Hospitaliza	<input type="checkbox"/>	CVD Education
<input type="checkbox"/>	LDL	<input type="checkbox"/>	Pap Smear			<input type="checkbox"/>	NYHA Class	<input type="checkbox"/>	CVD Prevention Educ
<input type="checkbox"/>	MIAI/Cr	<input type="checkbox"/>	PPD Screen			<input type="checkbox"/>	Packs of Cigarettes	<input type="checkbox"/>	Dental Exam
<input type="checkbox"/>	Microalbuminuria	<input type="checkbox"/>	Pulmonary Function T			<input type="checkbox"/>	PHQ Initial	<input type="checkbox"/>	Depression Screening
<input type="checkbox"/>	Potassium	<input type="checkbox"/>	Revascularization			<input type="checkbox"/>	PHQ Latest	<input type="checkbox"/>	DM Education
<input type="checkbox"/>	RAST	<input type="checkbox"/>	RPR			<input type="checkbox"/>	Physical Activity (wee	<input type="checkbox"/>	Drug Counseling
<input type="checkbox"/>	T-3 Uptake	<input type="checkbox"/>	Spirometry			<input type="checkbox"/>	Predicted PEFR	<input type="checkbox"/>	Exercise Education
<input type="checkbox"/>	T-4					<input type="checkbox"/>	Smoking Years	<input type="checkbox"/>	Family Counseling
<input type="checkbox"/>	T-4 Free					<input type="checkbox"/>	Symptom Free Days	<input type="checkbox"/>	Follow-up
<input type="checkbox"/>	Theophylline							<input type="checkbox"/>	Foot Check Exam
<input type="checkbox"/>	Triglyc							<input type="checkbox"/>	Hospitalization
<input type="checkbox"/>	TSH							<input type="checkbox"/>	Medication Self Mgt Tr
<input type="checkbox"/>	Viral Load - HIV							<input type="checkbox"/>	Mental Health
								<input type="checkbox"/>	Nutritional Education
								<input type="checkbox"/>	Oral Health Education
								<input type="checkbox"/>	Peak Flow Education
								<input type="checkbox"/>	Periodontal Exam
								<input type="checkbox"/>	Post-MI Rehabilitation
								<input type="checkbox"/>	Prevention Education
								<input type="checkbox"/>	Psychiatric Support
								<input type="checkbox"/>	Pulmonary Consult
								<input type="checkbox"/>	Retinal Exam
								<input type="checkbox"/>	Self-Management Goa
								<input type="checkbox"/>	Smoking Cessation
								<input type="checkbox"/>	Social Assessment
								<input type="checkbox"/>	Substance Abuse Scr
								<input type="checkbox"/>	Support Groups
								<input type="checkbox"/>	Transport

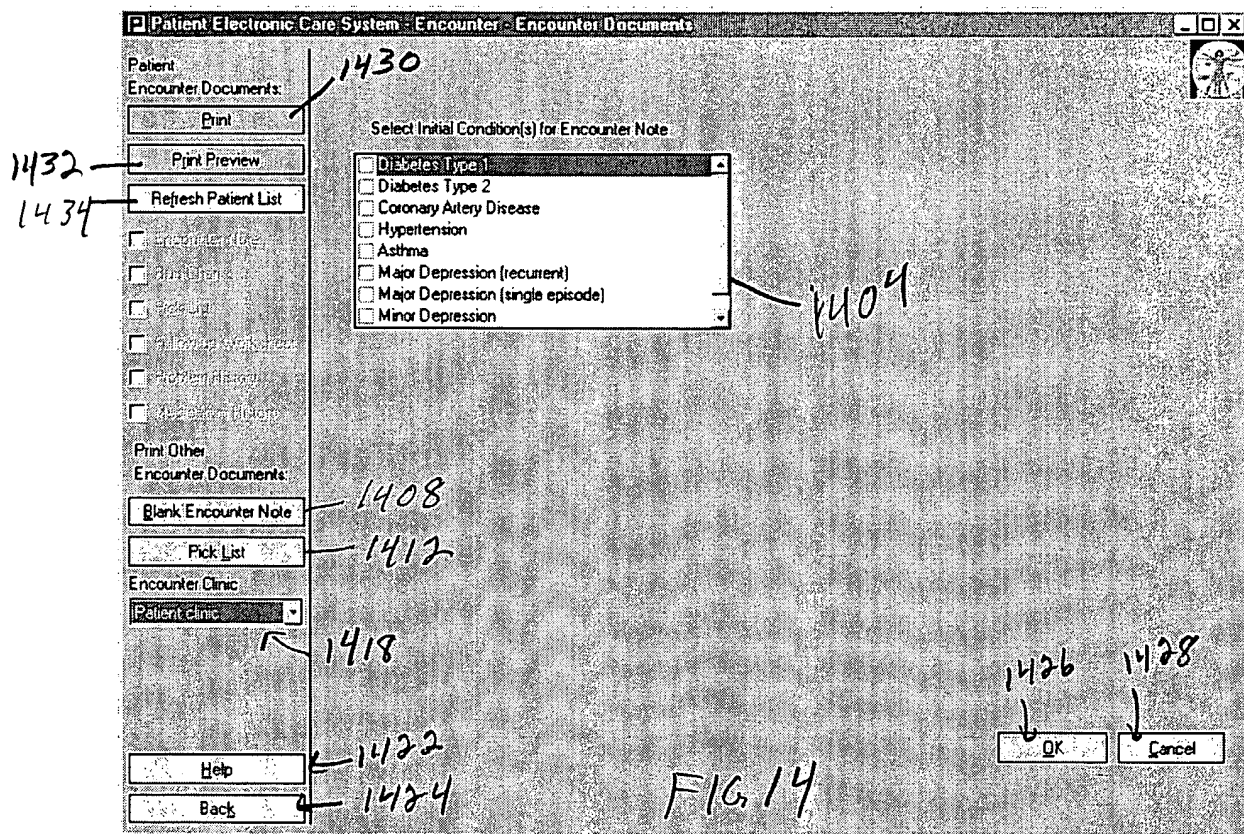
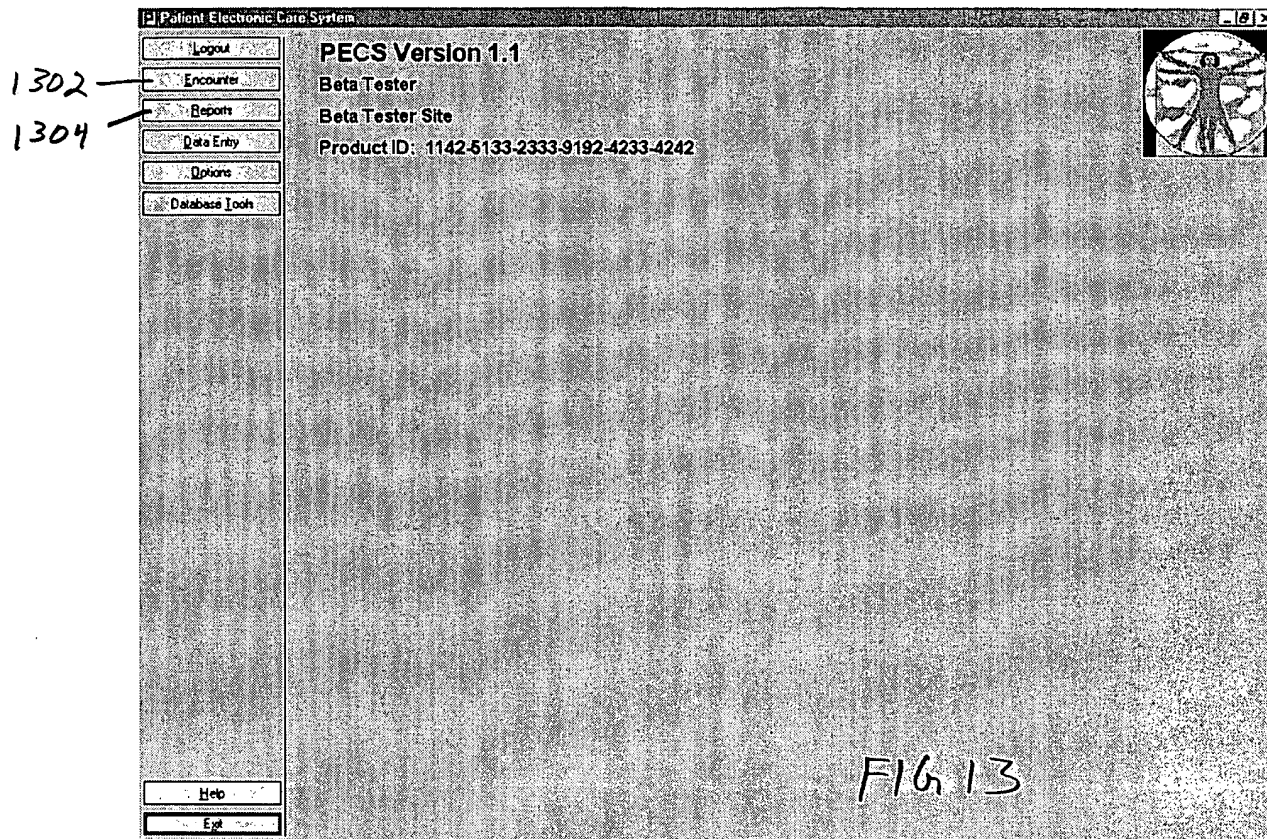
- Add
Family History
Alc holic Parent
Domestic Violence
Family History of Asthma
Family History of Atopy
Family History of CHD
Family History of DM
Famliy History of Depression
Sexual Abuse

- Add
Occupational History
ER Nurse
Migrant Worker
Prostitute

- C P N
Behaviors
Alcohol Abuse
Allergen Exposur
Animals in H usehold
Daily Weighing
Day Care
Drug Abuse (other)
Drug Use (IV)
Environmental Triggers
Medication Non-adherence
Nebulizer
Peak Flow Monitoring
Risky Sex (hetero)
Risky Sex (same)
Self Monitor Blood Glucose
Smoke in Household
Smoking
Triggers Allergies
Triggers Bird ← 1205
Triggers Cat
Triggers Dog
Triggers Dust
Triggers ETS
Triggers Exercise
Triggers Mold
Triggers Roach
Use of MDI
Use of Spacer

1000

F1612



1520 — ☐ Encounter Note

1522 — ☐ Run Charts

1524 — ☐ Pick List

1526 — ☐ Followup Worksheet

1528 — ☐ Problem Hist

1530 — ☐ Medication Hist

Print Other
Encounter Documents:

Encounter Clinic
abc

Patient Electronic Care System - Encounter - Encounter Documents

Patient
Encounter Documents:

Patient Pick List Basis:

Select by Clinic and Provider

1505 ↓

1507 ↓

1509 ↓

Clinics

abc
test

Providers

_none
qqq
zzz

1513 ↓

chart number

FIG 15

Follow-up Worksheet					abc						
Chart #:	1231	Last Name:	sssssss	First Nam :	sssssss, s	Age:	35	DOB:	02/08/1967	Sex:	Othe

Lab Tests Ord red:
Other Diagnositc Tests Ordered:
Vaccinations Order d:
Other Measures Ordered:
Referrals and Education Ordered:

FIG 16

Problem History					abc						
Chart #:	1231	Last Name:	sssssss	First Name:	sssssss, s	Age:	35	DOB:	02/08/1967	Sex:	Other

Visit Date	Problem	ICD-9-CM	Dx Provider	Dx Date	Resolved
------------	---------	----------	-------------	---------	----------

Chronic

07/04/02	Bipolar	296.7		07/04/02	
07/04/02	Chronic Bronchitis	491.9		07/04/02	
07/04/02	Depression	296		07/04/02	
07/04/02	Tuberculosis	011.90		07/04/02	

Acute

07/04/02	Acute Periodontitis	523.3		07/04/02	
07/04/02	Influenza	487.1		07/04/02	
07/04/02	Viral Infection	079.99		07/04/02	

Resolved Conditions

Visit Date	Problem	ICD-9-CM	Dx Provider	Dx Date	Resolved
------------	---------	----------	-------------	---------	----------

FIG 17

Medication History					abc						
Chart #:	1231	Last Name:	sssssss	First Name:	sssssss, s	Age:	35	DOB:	02/08/1967	Sex:	Othe

Current Medications										
Visit Date	Class	Name	Px Provider	Px Date	Dose	Frequency	Quantity	Refill	DC	Reason
07/04/02	Antiplatelet/An	Aspirin		07/04/02						
07/04/02	NRTI	Didanosine		07/04/02						
07/04/02	Bronchodilator	Class		07/04/02						
07/04/02	Alpha 2 Antag	Class		07/04/02						
07/04/02	Antiplatelet/An	Class		07/04/02						
07/04/02	Biguanides	metformin		07/04/02						
07/04/02	AG Inhibitor	miglitol		07/04/02						

To add medications see the Pick List ☐ Add

Contraindicated Medications						
Visit Date	Class	Name	PxProvider	Reason		Contr. Provider
Past or Changed Medications						
Visit Date	Class	Name	Px Date	Dose	Frequency	D/C Note

FIG 18

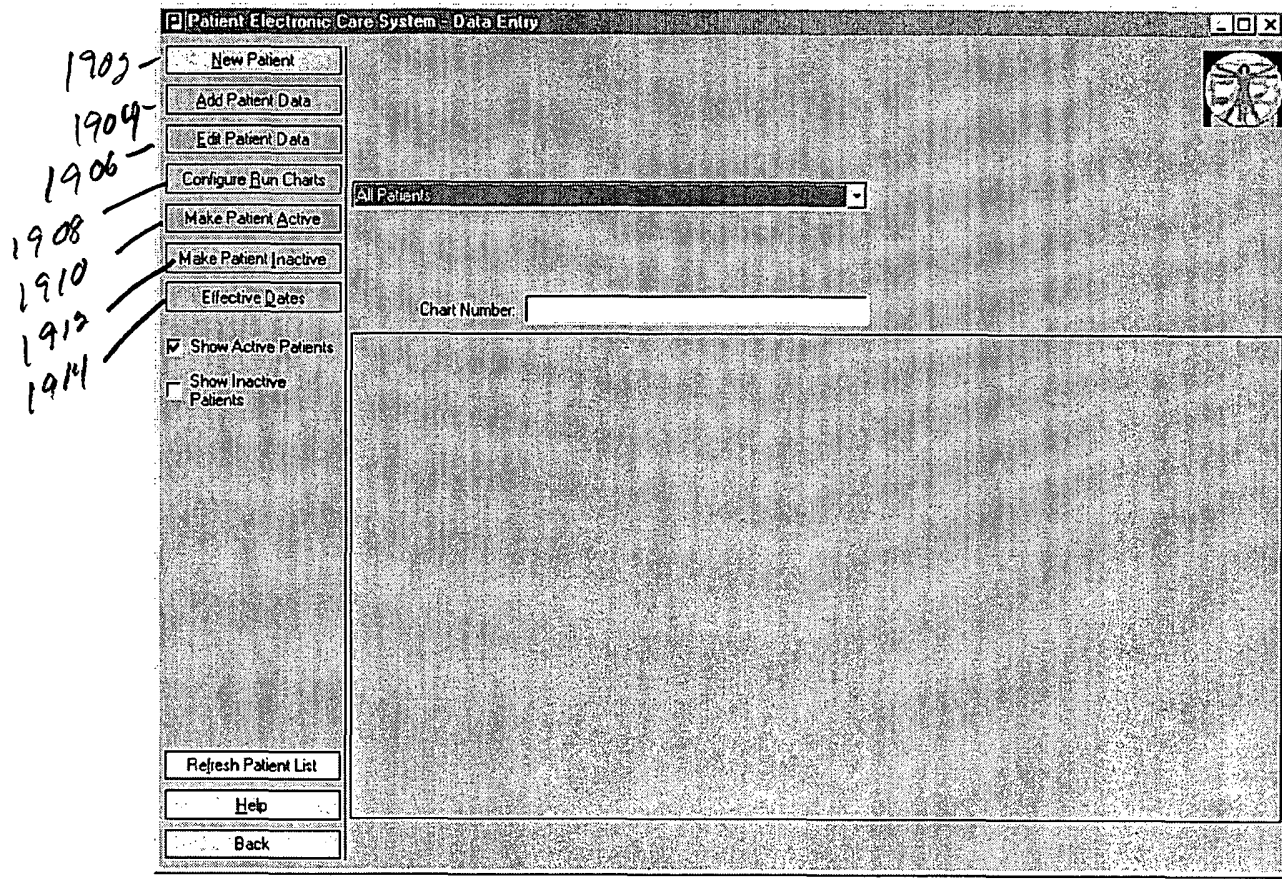


FIG. 19

Patient Electronic Care System - Data Entry

Add New Patient

Clinic	<input type="text"/>
Primary Provider	<input type="text"/>
Date Active	7/4/2002
Chart Number	<input type="text"/>
Last Name	<input type="text"/>
First Name	<input type="text"/>
Middle Initial or Name	<input type="text"/>
Date of Birth	<input type="text"/>
Sex	<input type="text"/>
Street Address One	<input type="text"/>
Street Address Two	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Phone Number	<input type="text"/>
Language Spoken	<input type="text"/>
Ethnicity	<input type="text"/>
Race	<input type="text"/>
Insurance	<input type="text"/>
Homeless	<input type="text"/>
Migrant	<input type="text"/>

Help Back OK Cancel

FIG 20

Patient Electronic Care System - Data Entry

Add Patient Data:

Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: 1231 Last Name: sssssss First Name: sssssss, s Age: 35 DOB: 02/08/67 Sex: Other

	Last Visit	This Visit
Weight	290.0	<input type="text"/>
Height	5' 10.0"	<input type="text"/>
Pulse	85	<input type="text"/>
Resp Rate	20	<input type="text"/>
Temp	102.0	<input type="text"/>
Systolic BP	125	<input type="text"/>
Diastolic BP	59	<input type="text"/>

Add New Item

Help Demo Conditions Meds Labs Other Tests

Back Vac / Imm Risk Factors Other Measures Ref / Edu Other Notes

Close

FIG 21

Patient Electronic Care System

Patient: sssssss, sssssss, s Med Rec No: 1231

Authorizing provider:

Reason for change:

Office peak flow
Pulse Oximetry
Waist Circumference Inches
Waist Hip Ratio

To add item select items, then click OK. To cancel click Cancel

OK Cancel

FIG 22

Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: 1231 Last Name: sssssss First Name: sssssss, s Age: 35 DOB: 02/08/67 Sex: Other

Chronic Conditions

Diagnosed Condition	Last Visit	Dx Date	D/C	This Visit
Potential Chronic Diseases				Add
Bipolar	<input type="checkbox"/>			<input type="checkbox"/> Remove <input type="button" value="Details"/>
Chronic Bronchitis	<input type="checkbox"/>			<input type="checkbox"/> Remove <input type="button" value="Details"/>
Tuberculosis	<input type="checkbox"/>			<input type="checkbox"/> Remove <input type="button" value="Details"/>
Depression	<input type="checkbox"/>			<input type="checkbox"/> Remove <input type="button" value="Details"/>

Acute Conditions

Acute Periodontitis	<input type="checkbox"/>			<input type="checkbox"/> Remove <input type="button" value="Details"/>
Influenza	<input type="checkbox"/>			<input type="checkbox"/> Remove <input type="button" value="Details"/>
Viral Infection	<input type="checkbox"/>			<input type="checkbox"/> Remove <input type="button" value="Details"/>

Help Demo Vitals Labs Other Tests Close

Back Vac / Imm Risk Factors Other Measures Ref / Edu Other Notes

FIG 23

Patient Electronic Care System

Patient: sssssss, sssssss, s Med Rec No: 1231

Condition

Diagnosis

Date:

Note:

Provider:

Chronic

Cured ☐ (enter date cured)

Date:

Note:

Provider:

FIG 24

Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: Last Name: First Name: Age: DOB: Sex:

Medications

Class	Name	Date	D/C	
AG Inhibitor	metformin	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Biguanides	metformin	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Alpha 2 Antas	Class	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Bronchodilators	Class	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
NRTI	ddl	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Antiplat/coag	ASA	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>
Antiplat/coag	Class	07/04/02	<input type="checkbox"/>	<input type="button" value="Remove"/> <input type="button" value="Details"/>

FIG 25

Patient Electronic Care System

Patient: Med Rec No:

Authorizing provider:

Reason for change:

ACE Inhibitor : Class
 ACEI & Diuretic : Class
 AG Inhibitor : acarbose
 AG Inhibitor : Class
 AG Inhibitor : Glyset
 AG Inhibitor : Precose
 Alpha Blockers : Class
 Anti-allergy : Class
 Antiarrhythmic : Class

To add item select items then click OK. To cancel click Cancel

FIG 26

Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: Last Name: First Name: Age: DOB: Sex:

Laboratory Test Results

07/04/02 **Last Visit** **This Visit**

Test	Value	Date	Ref	Value	Date	Ref
Hemoglobin A1c						
LDL						
HDL						
Microalbuminuria						
Potassium						
Creatinine						
T-4						

FIG 27

Patient Electronic Care System

Patient: Med Rec No:

Authorizing provider:

Reason for change:

24hrUP
ALT
AST
CD4
Chol
Creatinine Clearance
Digoxin Therapeutic Level
Fasting Glucose
IgE Level

To add item select items, then click OK. To cancel click Cancel

FIG 28

2900,

2920

Patient Electronic Case System: Reports

Run Report
Edit Report
Delete Report
Add Report

Report Directory: C:\Program Files\PECS1\Reports\

All Reports

Report Name:

Report Name	Report Category	Last Modified	Last Run
Asthma Registry Summary Report	Asthma		
CVD Registry Summary Report	Cardiovascular		
Demographic Info for All Pts in Registry	General		
Depression Registry Summary Report	Depression		
Detailed Visit Info	General		
DM Registry Summary Report	Diabetes		
List All Pts non-DM	General		
List All Pts non-DM and non-CVD	General		
List Asthma Pts	Asthma		
List Asthma Pts no Action Plan Last xx Days	Asthma		
List Asthma Pts no Assessment Last xx Days	Asthma		
List Asthma Pts no Flu Vacc Last xx Days	Asthma		
List Asthma Pts no Home PPM	Asthma		
List Asthma Pts no Mgmt Edu Last xx Days	Asthma		
List Asthma Pts no Pneumococcal Vacc Last xx Years	Asthma		
List Asthma Pts no Spirometry or PFT Last xx Days	Asthma		
List Asthma Pts Ref to Allergy Last xx Days	Asthma		
List Asthma Pts Ref to Dermatology Last xx Days	Asthma		
List Asthma Pts Ref to Pulmonary Last xx Days	Asthma		
List Asthma Pts Under 5 no Pnevna Vacc	Asthma		
List Asthma Pts with Acute or ER Last xx Days	Asthma		
List Asthma Pts with Assessment Last xx Days	Asthma		
List Asthma Pts with Hospitalization Last xx Days	Asthma		
List Asthma Pts with Persistent Not on Anti-Inflam	Asthma		
List Asthma Pts with Selected Visits	Asthma		
List Asthma Pts with Smoke Exposure Last xx Days	Asthma		
List Asthma Pts with Visit Next xx Days	Asthma		
List Asthma Pts with xx Mixed Days	Asthma		
List Asthma Pts with xx Symptom Free Days	Asthma		
List CHF Pts	Cardiovascular		

Refresh Report List
Help
Back

2910

FIG 29

3000

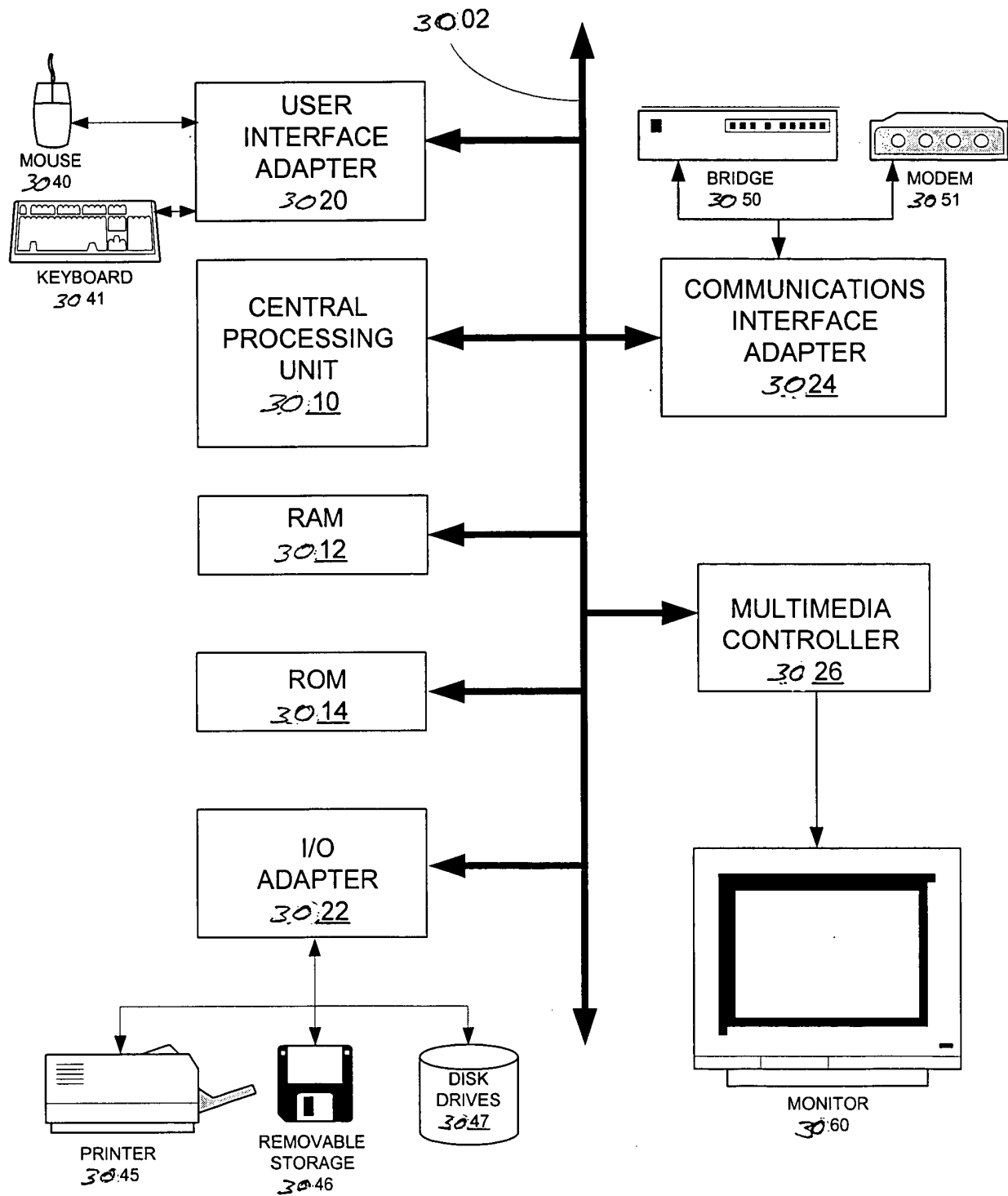


FIG. 30